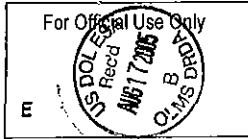


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>11480</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>GARY</u> <u>R</u> <u>STARING</u> P.O. Box, Bldg., Room No., if any Street <u>103 S ROOSEVELT AVENUE</u> City <u>LIVERPOOL</u> State <u>New York</u> ZIP Code + 4 <u>13088</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL UNION 317</u> Labor Organization File Number <u>048-830</u> P.O. Box, Building and Room Number, if any <u>PO BOX 11037</u> Street <u>566 SPENCER STREET</u> City <u>SYRACUSE</u> State <u>New York</u> ZIP Code + 4 <u>13204</u>
5. Position in labor organization. <u>SECRETARY TREASURER AND PEO</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>N R SC</u>	On <u>08/09/2005</u> Date	<u>315-453-0106</u> Telephone Number

Name of Person Filing GARY STARING	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PIMCO (PACIFIC INVESTMENT MANAGEMENT COMPANY)</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any SUITE 300</p> <p>Street 840 NEWPORT CENTER DRIVE</p> <p>City NEWPORT BEACH</p> <p>State California ZIP Code + 4 92660</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name NYS TEAMSTERS HEALTH/PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 4928</p> <p>Street 3 NORTHERN CONCOURSE</p> <p>City SYRACUSE</p> <p>State New York ZIP Code + 4 13221</p>	<p>11.a. Nature of such dealing.</p> <p>TRUST INVESTMENT FIRM</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>ATTENDED NYS TEAMSTERS HEALTH/PENSION FUND MEETINGS AND INVESTMENT FIRM PROVIDED TRANSPORTATION AND DINNER.</p>
	<p>12.b. Amount. \$75</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ICAP (INSTITUTIONAL CAPITAL)

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 2400

Street 225 WEST WACKER DRIVE

City CHICAGO

State Illinois ZIP Code + 4 60606

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NYS TEAMSTERS HEALTH/PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 4928

Street 3 NORTHERN CONCOURSE

City SYRACUSE

State New York ZIP Code + 4 13221

11.a. Nature of such dealing.

TRUST INVESTMENT FIRM

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ATTENDED NYS TEAMSTERS HEALTH/PENSION FUND MEETINGS AND INVESTMENT FIRM PROVIDED TRANSPORTATION AND DINNER.

12.b. Amount.

\$85

Name of Person Filing GARY STARING	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name LOOMIS SAYLES & COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street ONE FINANCIAL CENTER</p> <p>City BOSTON</p> <p>State Massachusetts ZIP Code + 4 02111</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name NYS TEAMSTERS HEALTH/PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 4928</p> <p>Street 3 NORTHERN CONCOURSE</p> <p>City SYRACUSE</p> <p>State New York ZIP Code + 4 13221</p>	<p>11.a. Nature of such dealing.</p> <p>TRUST INVESTMENT FIRM</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>ATTENDED NYS TEAMSTERS HEALTH/PENSION FUND MEETINGS AND INVESTMENT FIRM PROVIDED DINNER.</p> <p>12.b. Amount. \$60</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BATTERYMARCH FINANCIAL MANAGEMENT INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 200 CLARENDON STREET

City BOSTON

State Massachusetts ZIP Code + 4 02116

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NYS TEAMSTERS HEALTH/PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 4928

Street 3 NORTHERN CONCOURSE

City SYRACUSE

State New York ZIP Code + 4 13221

11.a. Nature of such dealing.

TRUST INVESTMENT FIRM

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ATTENDED NYS TEAMSTERS HEALTH/PENSION FUND MEETINGS AND INVESTMENT FIRM PROVIDED TRANSPORTATION AND DINNER.

12.b. Amount.

\$80

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BLITMAN & KING LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 300

Street 443 NORTH FRANKLIN STREET

City SYRACUSE

State New York ZIP Code + 4 13204

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LABOR UNION ATTORNEYS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

LEGAL FIRM PROVIDED DINNER AT WOLF ISLAND EVENT

12.b. Amount.

\$75

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name BLITMAN & KING LLP</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any SUITE 300</p> <p>Street 443 NORTH FRANKLIN STREET</p> <p>City SYRACUSE</p> <p>State New York ZIP Code + 4 13204</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>		
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name LOCAL 317 HEALTH & WELFARE FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 11037</p> <p>Street 566 SPENCER STREET</p> <p>City SYRACUSE</p> <p>State New York ZIP Code + 4 13204</p>	<p>11.a. Nature of such dealing.</p> <p>TRUST ATTORNEYS</p>		
	<p>11.b. Approximate dollar value of such dealing.</p>		
	<p>12.a. Nature of interest held or income received.</p> <p>ATTENDED LOCAL 317 HEALTH & WELFARE FUND MEETING AND LEGAL FIRM PROVIDED LUNCH FOR TRUSTEES.</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">12.b. Amount.</td> <td style="width: 20%; text-align: right;">\$25</td> </tr> </table>	12.b. Amount.	\$25
12.b. Amount.	\$25		



Gary R. Staring
103 S. Roosevelt Avenue
Liverpool, New York 13088

August 10, 2005

United States Department of Labor
Employee Standards Administration
Office of Labor Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, DC 20210

Re: **Form LM-30 Filing**

Dear Sir or Madam:

Enclosed please find my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing this report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systematic compliance with these requirements, and to apply standards adapted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department, since that time, has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Gary R. Staring

enclosure